

# BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PT-676)</b>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	DEF.	NO.	DEF.	NO.	DEF.		NO.	DEF.	NO.	DEF.	NO.	DEF.
1	/						61						
2		/					62						
3		/					63						
4		/					64						
6	/						65						
6		/					66						
7		/					67						
8	/						68						
9		/					69						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
16							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
36							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
46							95						
46							96						
47							97						
48							98						
49							99						
60							100						
TOTAL NO.	3						TOTAL NO.						
TOTAL DEF.	11						TOTAL DEF.						
TOTAL	14						TOTAL						